

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARK MILLER
EXPECTATIONS
10116 S WASATCH BLVD
SANDY UT 84092

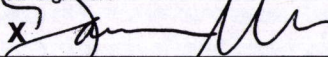
JB DOGM M/035/024

2. Article
(Transaction)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Danna Miller

C. Date of Delivery

3-28-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

DOGM M/035/024

JB 3/18/05

Postage \$

CO-MC-2005-03-03-01

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

MARK MILLER - EXPECTATIONS

Street, Apt. No., or PO Box No.

10116 S WASATCH BLVD

City, State, ZIP+4

SANDY UT 84092

PS Form 3800, February 2000

See Reverse for Instructions

050005

7099 3400 0016 8896 1270